



3739  
PATENT  
41

I certify that ~~the~~ 6/01, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Craig A. Slavin

Applicant: Koblish et al.

Serial No.: 09/737,176

Filing Date: December 13, 2000

Title: Surgical Probe For Supporting Inflatable Therapeutic Devices In Contact With Tissue In Or Around A Body Orifice And Within Tumors

Group Art Unit: 3739

Examiner: Peffley

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

AUG 16 2004

TECHNOLOGY CENTER R3700

### AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application:

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established.
- A Verified Statement Claiming Small Entity Status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- A Petition for Extension of Time is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

|   | Claims Remaining After Amendment | Highest Number Previously Paid For | Number Extra | Small Entity Rate | Add'l. Fee | Standard Rate | Add'l. Fee |
|---|----------------------------------|------------------------------------|--------------|-------------------|------------|---------------|------------|
| <b>TOTAL</b>  | 62 minus                         | 54 =                               | 8            | x \$ 9            | \$         | x \$ 18       | \$144      |
| <b>INDEP.</b>   | 8 minus                          | 8 =                                | 0            | x \$ 43           | \$         | x \$ 86       | \$         |
| <input type="checkbox"/> 1st Presentation of Multiple Dependent Claim |                                  |                                    |              | x \$145           |            | x \$290       |            |
|   |                                  |                                    |              | <b>TOTAL</b>      | \$         | <b>TOTAL</b>  | \$144      |

- Please charge my Deposit Account No. 50-0638 the amount of \$ . A duplicate copy of this sheet is enclosed.



A check in the amount of \$144 to cover the fee for additional claims is enclosed.



The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.

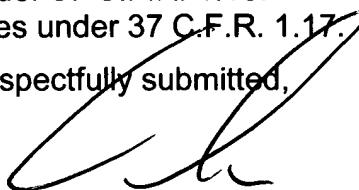


Any additional filing fees required under 37 C.F.R. 1.16.



Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,



8/6/69  
Date

Craig A. Slavin  
Reg. No. 35,362  
Attorney for Applicant

**Henricks, Slavin & Holmes LLP**  
840 Apollo Street, Suite 200  
El Segundo, CA 90245  
(310) 563-1458  
(310) 563-1460 (Facsimile)